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25962 7590 11/24/2004

SLATER & MATSIL, L.L.P.
17950 PRESTON RD, SUITE 1000
DALLAS, TX 75252-5793

02/24/2005 LWONDIM2 00000044 501065 09964205

01 FC:1501 1400.00 DA
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Kristin R. Hayes

(Depositor's name)

K Hayes

(Sign)

February 23, 2005

(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/964,205	09/26/2001	Young-Jin Park	2001PI7889 US	1840

TITLE OF INVENTION: MULTI-LEVEL CONDUCTIVE LINES WITH REDUCED PITCH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1370 1400	\$300	\$1690 1700	02/24/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WILSON, ALLAN R	2815	257-775000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.62).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents, if no name is listed, no name will be printed.

1 Slater & Matsil, L.L.P.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Infineon Technologies AG

Munich, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
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 A check in the amount of the fee(s) is enclosed. Payment by credit card, Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 50-1063 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date February 23, 2005

Typed or printed name Steven H. Slater

Registration No. 35,361

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